

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1									51					
2									52					
3									53					
4									54					
5									55					
6									56					
7									57					
8									58					
9									59					
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41									91					
42									92					
43									93					
44									94					
45									95					
46									96					
47									97					
48									98					
49									99					
50									100					
TOTAL IND.	1	↓	2	↓		↓			TOTAL IND.	↓	↓		↓	
TOTAL DEP.	31	←	20	←		←			TOTAL DEP.	←	←		←	
TOTAL CLAIMS	32		22						TOTAL CLAIMS					